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ORIGINAL ARTICLES.

MALIGNANT TUMORS FROM THE SURGEON'S VIEW-POINT.

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NEW YORK.

THE consideration of sarcoma does not occupy the principal position with regard to surgery that carcinoma holds; but it might be well to bring out some of the most modern ideas in relation to this form of malignancy.

The X-ray has been of great help in diagnosis in these conditions, for sarcoma has a predilection for bones and for the more solid organs. The Abderhalden reaction may offer some help in diagnosis also.

In the treatment especially as regards sarcoma of bone, Bloodgood, of Baltimore, takes the leading position as an authority. Several years ago I saw one of his first cases in which he had advocated the excision of the bony growth instead of amputation of the limb, and later, followed this resection by a bone transplant. This was very successful.

As regards the treatment of sarcoma elsewhere, there has been but little change from the surgical standpoint in the last few years. Carcinoma, on the other hand, occupies the center of the stage both before medical and lay audiences. The accent is placed upon the prophylaxis of this condition, and I think I may divide consideration of this subject into three sections: *First,* the prophylactic or precancerous stage; *second,* the operable stage of carcinoma, and *third,* the inoperable stage.

In consideration of the prophylaxis of cancer Dr. William J. Mayo, in an address which I had the pleasure of hearing before the American Surgical Association in April, defines the term "precancerous" as "that condition which, clinically and microscopically, can not be said to be surely benign or surely malignant; the character of the cells has changed. They lack differentiation, but as yet there is no infiltration of the surrounding tissue. The local lesion is the invitation and the precancerous condition the probable acceptance. The sites of local irritation are divided into three groups: *First,* congenital or acquired neoplasms, as moles, warts, etc.; *second,* traumatized areas; *third,* chronic irritation, as betel nut cancer, kangri sores, shin cancers of the locomotive drivers, X-ray cancers, etc. If the betel nut were not used in India and the kangri basket in Cashmir, the cancers in these countries would be reduced one-half."

Local, chronic irritation on mucous membranes tends to produce carcinoma. For example, cancer of the gall bladder from gall stones, and cancer of the stomach from gastric ulcer, carcinoma of tongue and lower lip from clay pipe. This rule follows down through the digestive tract. Cancer of the stomach occurs in 30 per cent. of all cancers in civilized man, but is uncommon elsewhere in the animal creation. As Mr. Post says, there is a reason. Just what it is no one as yet knows.

In conclusion, Dr. Mayo says that "prophylaxis of cancer depends, first, on a change in these cancer-producing habits, and second, on the removal of all precancerous lesions and the sources of chronic irritation."

In considering the operative treatment of carcinoma, it might be well to first take up the latest methods in attacking carcinoma of the tongue. J. C. Bloodgood agrees with Dr. Mayo in the necessity for proper care of precancerous conditions, especially in the tongue and lower lip. Investigation of over one hundred cases has shown that if any lesion of the tongue is subjected to immediate operation, within a few weeks after onset of the lesion, the chances of a permanent cure are almost 100 per cent. even though the tissue removed show carcinomatous changes in the center. When the lesion has passed the initial stage and has become frankly carcinomatous, the usual radical operations should be done, attacking the glands of the neck and, later, the tongue itself with the muscles of the floor of the mouth and lower jaw in two stages; if necessary, or if possible, the whole lesion with glands should be removed at one sitting. The important point, however, as brought out by Dr. Bloodgood was first thorough removal of the glands with cauterization of the floor of the mouth from the neck wound; second, cauterization of the lesion within the mouth; third, removal of the lower jaw and cauterized area if necessary.

Bloodgood has operated upon fourteen cases in the past five years. At the present time there is evidence of recurrence in only one case. This shows that the improved methods with the

cautery promises a larger per cent. of permanent cures and a longer freedom from recurrence.

The cautery evidently takes on some of the disintegrating power that the radium and the X-ray possess. Since hearing Dr. Bloodgood I have employed the cautery whenever possible in removing precancerous or frank carcinomata. The use of the cautery here as in uterine carcinoma gives us a method of treatment of many formerly inoperable cases and produces results not only as regards cure, but in the more hopeless ones as regards recurrence.

In discussing carcinoma of the breast, I might say that I may differentiate especially in this form of the disease two classes of cases—first, the general carcinoma case, and second, the local carcinoma case. Externally the lesion may appear the same in both cases, but the physical appearance of the general carcinoma case with the cachexia often influences us to make to the proper authorities an unfavorable prognosis.

On the other hand, many locally serious looking tumors will be found in an otherwise apparently healthy person, and in these cases a more favorable prognosis may be given. Over 90 per cent. of breast tumors are carcinomas. Therefore, it goes without saying that at the same time a seemingly innocent tumor of the breast should be carefully examined for carcinoma when removed and radical operation immediately performel while the patient is under the anæsthetic. How much better it is to remove one benign breast in a radical manner than to fail to remove a carcinomatous breast and have the patient eventually die from carcinoma.

The operation of choice usually includes a thorough cleaning of the axilla before the breast is removed. This enables the operator to perform the hard part of the operation in its initial stage. On post-operative considerations the metastatic law of Cohenheim has been raised to five years.

Operations for carcinoma of the intestinal tract, since the Mayos have standardized those upon the stomach, gall bladder and the large intestines, have seen little change. I would like to call attention to the fact that in many instances in those past the middle decade of life, there is often a sudden onset of intestinal obstruction, partial or complete, where a careful history will shut out the false diagnosis of appendicitis, etc., and will prove before operation the presence of an annular carcinoma, usually located in the sigmoid. I have had two such cases during the last summer. Diagnosis was made upon the anæmia, the loss of abdominal fat and many digestive symptoms which had lasted for a period of from three to six months. Cases of this sort are poor operative risks, to start with, and the use of nitrous oxide and oxygen together with anoci association is imperative. A prognosis can be made upon the red blood count. An anæmia below 3,000,000 usually spells death in any operative procedure on this type of disease.

Cancer of the uterus, as a surgical risk, may be divided into two sections. Cancer of the cervix spreads rapidly into the lymphatics of the broad ligament and into the fundus of the uterus, rendering quick operation with the cautery and thorough removal of the lymphatic tissues imperative. I have one specimen of carcinoma of the cervix removed eight years ago where, within two weeks time, the carcinoma of the cervix had involved the fundus. The case is alive and free from recurrence at this date.

Carcinoma of the fundus, on the other hand, spreads slowly and prognosis against recurrence is much more favorable.

Epithelioma of the skin, when small, should be treated by the physical therapeutist, and, in fact, in what experience I have had, the use of radium in these conditions is better than the use of the knife, as they do not seem to metastasize rapidly and do not seem to produce general carcinomatosis.

In summing up I would draw the following conclusions: First, the precancerous stage is the only stage in which we can absolutely promise an operative cure. Second, at any stage, carcinoma demands a thorough radical removal of the tumor, preceded by the removal of the lymphatic glands which drain the region with the use of the cautery wherever possible instead of the knife. Third, superficial epitheliomata should usually be treated by the X-ray or other physical means. Fourth, as a routine, post-operative treatment, the X-ray and radium still offer in competent hands the best means known for the prevention of recurrence. *Inoperable cases.* The heat treatment of Percy and Keating Hart are said to offer much relief in inoperable cases. I have had but little experience with them. The most popular treatment in these cases seems to be removal of as much of the growth as possible, followed immediately by the application of the X-ray or radium.

"When popular opinion demands immediate operation upon discovery of a lump in the breast; when physicians are taught to think in terms of operability, and when misguided humanitarianism no longer prompts the surgeon to attempt injudicious operations, the present lack of faith in surgery of this disease will give way to a healthy optimism.—*Deaver.* [Read before N. Y. Academy of Pathological Science, Oct., 1914.]

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LIGATION OF THE MIDDLE-MENINGEAL ARTERY IN A CASE OF APOPLEXY.

BY NEWMAN T. B. NOBLES, M. D., CLEVELAND, O.

THE treatment of cerebral hæmorrhage, commonly called apoplexy, is, as a rule, unsatisfactory. This is true because of the location of the bleeding vessels. Physicians in the past and also at present have been obliged to adopt a waiting attitude in their treatment of this very common and serious condition.

The patient's chances for recovery depend upon the amount of hæmorrhage and its location.

Medical treatment has a very limited effect if any at all in controlling the amount of blood from the ruptured vessel within the cranial vault.

The writer believes that surgical procedures will, in many cases, do much for this serious condition. What is apparently the first case on record to be treated by a surgical operation came under the writer's care during his term of service at the Cleveland City Hospital. The patient, a man of about sixty years of age, was brought to the hospital in a semi-conscious condition. His left side was partially paralyzed. Memory gone. No history of traumatism. The usual non-surgical treatment was given. The next day the symptoms were exaggerated together with some rise of temperature and a rise in the blood pressure. The symptoms were carefully noted during the day. I decided to operate in the late afternoon. A Cushing decompressive operation was made on the right side over the motor area. When the dura was opened much clotted blood was found. The clots were removed with a spoon. The middle meningeal artery was found bleeding. The vessels were tied off, and the wound closed.

The patient did well after the operation. In two days he again could mave his left leg and left arm fairly well. He recovered consciousness in the same length of time. His memory also improved. He left the hospital in good condition three weeks after the operation.

The members of the senior and junior classes of the Cleveland-Pulte Medical College were present at the operation. Drs. Kiser and Pardee, of Cleveland, assisted me.

KIRKE'S HANDBOOK OF PHYSIOLOGY. Eighth American revision. Revised by Dr. Chas. W. Greene. 8vo. 790 pages, illustrated with two colored plates and over 500 engravings in black and numerous colors. Wm. Wood & Co., New York. Extra muslin, $3.00, net.

This is the seventh edition of this book since 1896. The present one deals in the additional matter rendered necessary by the rapid strides of biochemistry, and many changes in many other chapters. In fact, nearly all parts of the book have been subjected to revision, so that it at present deals completely with the subject of physiology.

WHATSOEVER A MAN SOWETH THAT SHALL HE ALSO REAP.

BY E. G. WHINNA, M. D., PHILADELPHIA, PA.,

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AS the son of a Methodist preacher, it is but natural that I should require a text for my discourse, and the one to which I wish to call your attention to-day will be found in the 6th chapter of Galatians, part of the seventh verse, "Be not deceived, for whatsoever a man soweth, that shall he also reap." This statement of fact is just as true to-day as it was 1900 years ago, and is just as true of the body as it is of the soul.

Science is rapidly achieving the conquest of all germ diseases, while the "habit diseases" due to personal practices and habits are alarmingly on the increase.

Unperverted instincts and natural appetites would prove to be safe and unerring guides in choosing the way of life, but the civilized man, through physical disobedience and artificial living, has grossly perverted his natural instincts, and largely lost his "horse sense."

Some persons have inherited such vast riches of physical wealth that they are able to live a long time as hygienic spendthrifts with but little personal suffering. The result of their careless living usually appears in the lives of their sickly children. Truly of them it may be said, "The fathers have eaten sour grapes, and the children's teeth are set on edge."

Sanitary science known also under the name of preventive medicine, state medicine, hygiene and public health, has been defined as an application of the laws of physiology and general pathology to the maintenance of the health and life of communities, and to the prevention of the transmission of the so-called infectious and contagious maladies. The famous Sir Philip Sydney, a great favorite of Queen Elizabeth, of England, said: "The ingredients of health and long life are

'Great temperance, open air,
Easy labor, little care.'"

But alas! how few of us are so fortunately situated as to be able to follow his directions entirely.

Physicians are supposed to obtain their sustenance from the illness of others, and yet the physician is the only man in the world who devotes his time and energy to combating those very conditions whose existence is supposed to furnish him with a living. With this end in view, the research of every medical laboratory in Europe and America is directed toward the discovery and eradication of disease causes

rather than to the treatment of diseased conditions.

With the discovery of the origin and spread of disease by germs has come the most radical reforms in public sanitation, and the enforcement of laws that will render these discoveries effectual for the benefit of the general public.

If the concerted co-operation of the human race could be secured, it lies entirely within the power and possibility of man to drive all "germ diseases" from the face of the earth.

The Right Hon. Benjamin Disraeli, author, statesman and Premier of England in 1868, once said: "Public health is the foundation upon which rests the happiness of the people and the power of the State." Take the most beautiful kingdom, give it intelligence and laborious citizens, prosperous manufacturers, productive agriculture; let arts flourish, let architects cover the land with temples and palaces; in order to defend all these riches, have first rate weapons and fleets of torpedo boats, yet if the population remains stationary, or, if it decreases yearly in vigor and stature, the nation must perish. And that is why I consider that the first duty of a statesman is the care of the public health.

Each advance that has been made in medical knowledge and understanding of the more dreaded diseases of mankind has been marked by improved methods for their control and elimination.

Small-pox, typhoid fever, tuberculosis and many other diseases have been made to feel the check of the scientific methods and regulations of local and national health departments.

The constant increase in the size of cities and the density of urban population is giving rise to new dangers to health that demand attention and active efforts on the part of physicians and health boards. The portion of the population which is paying the heaviest penalty for these conditions is evident from the shocking mortality that exists among the infants and younger children of our cities and towns. The annual deaths that occur among babies under one year of age alone, is nearly double the number of deaths from tuberculosis. An investigation of the infant death rate in one's city should convince one of the importance and urgency of the problem.

In the United States, all the time, there are three million people seriously sick from preventable causes. Not a minute passes which does not witness at least one death from preventable disease.

Over one thousand, seven hundred unnecessary deaths occur in our midst every day of the year, a daily Titanic disaster, but the more pitiable because preceded by weeks, months, and often years of weary suffering; a wanton sacrifice every year upon the altar of ignorance and apathy of over six hundred thousand victims.

As an economic consideration alone these figures are alarming; for from a monetary point of view, it is estimated that the preventable loss to the people of our country through sickness and death is two billion dollars every year, or about twice the gross annual income of the Federal Government.

A minister of the Gospel was once asked why his people were not more aroused to their danger in falling from grace, as he placed it before them in his sermons. He said that they had hell and damnation preached at them so much that they were calloused and paid no attention to it. They were interested in other matters and attracted to worldly affairs with changing programs. Unfortunately a similar condition exists in our relations to the problems of sanitary science.

We are used to people dying from typhoid fever in far larger numbers than should have the disease at all. We look with the unconcern of familiarity upon the long death list of tuberculosis. We note the ravages of malaria more because the disease has irregularities in its progress than on account of its destructiveness.

And when we are told again and again that these great death dealing diseases are unnecessary and within our control, if we but change our conduct in some slight degree we feel as the congregation did, and let hell and damnation go until another time. One of our most valuable rights, and one that we should cherish most highly, is that of being healthy, and upon the physician largely rests the responsibility for securing and maintaining for us that right. This responsibility is more than a personal matter. To one's right to health must be added the right of the public to require the individual members of a community to be healthy: If one impairs his constitutional well being, the community suffers; the degree of injury sustained by society naturally varying with the individual ailment. The few claim the privilege to act as they please, regardless of the effect on others, but the rights of the many are superior to the privileges of the few.

The first essential principle of one's life should be the preservation of one's health. A person cannot be happy if he is sick, even if he be wealthy; neither can he be unhappy if he is well, even if he be poor. As I have quoted before, the stability of a nation depends upon the health of its people—primarily on the health of the family unit. For the health of my family is of as vital importance to my neighbor as is the health of his family to me and mine. If his family is stricken by disease my family will probably suffer in some way, directly or indirectly, and thus a serious epidemic may originate from one case of sickness and spread out into the community, out to the village, out to the country and adjoining towns, and on and on unchecked, unless by a combination of community interests the whole people unite to prevent the further spread of the disease.

It is clearly evident that general regulations for preventing disease must be made and administered by boards of health, as they alone are given the authority to enforce each measures, but there is much that does not come within their province that should be done by the family physician. The large majority of people, especially those living outside of the cities, know practically nothing of the principles of sanitation. They do not appreciate the sources or dangers of pollution of water used for domestic purposes or the dangers to health that come from impure food. The two subjects of pure water and clean milk would furnish a large field for work for physicians, and when the public can be taught the importance of these two things in connection with health typhoid fever will practically be a disease of the past, and the tremendous percentage of infant mortality will be decidedly lessened.

Many city people when financial conditions will permit, are accustomed to spend a portion of the summer season away from home, and this is both natural and salutary, provided good judgment is exercised in the selection of the country place or seaside resort as regards its general healthfulness and sanitary environment. Unfortunately sanitation on farms and in rural communities is not always what it should be, and the result is that many health and pleasure seekers return to their homes in the fall infected with malarial or typhoidal poisons. There was a time not many years ago when typhoid fever seemed to be particularly a disease of the cities.

Then the cities alarmed at the increasing death rate improved the sources of their water supply, installed filter systems or other purifying devices, and thus achieved at least a partial conquest of the disease. Now the danger zone seems to have shifted from the city to the rural regions, and to-day there are many American cities which would be practically free from typhoid were it not for the cases brought in by persons coming from the country.

Rural health officials should make every effort to combat the disease, paying special attention to the pollution of streams, the milk supply, and unsanitary conditions about farm houses and outbuildings. Dairymen should be especially careful in observing precautions of cleanliness, as instances of typhoid epidemics in the country conveyed through the medium of milk have been frequently reported of late.

More than a score of typhoid cases in the Chester valley were traced to milk from a single dairy farm where there were three victims of the disease.

By prophylaxis we mean the art of preserving or preventing disease or the observance of rules necessary for the preservation of heatlh. Prophylaxis in general includes national, state and municipal assistance, together with earnest, concerted efforts of medical societies; care, caution and energetic attention of physicians, and an intelligent understanding and careful observation of necessary precautions by the public.

Sanitary laws and regulations are a necessity in preventing disease, and they should be of sufficient scope to cover all sources of danger and so practical as to be capable of being enforced. It is amazing how intelligent people will disregard and try to evade the quarantine regulations of the health officers.

The time has certainly come when civilized nations must take up the question of contagious diseases seriously, as the sanitary regulations are for the benefit of the community as well as for the individual. Judicious quarantine laws, intelligently applied tend to the efficiency and well being of a nation, and it is no exaggeration to say that the most needful thing for the continued progress of mankind is the proper administration of sanitary science.

Without it great cities like Sodom and Gomorrah of old, punished for their sins, have perished almost in a night. For lack of it cholera unleashed upon the banks of the Ganges by the pilgrims, whose freight, rags and bedding have become contaminated by infected fecal discharges, has circled the globe in a few short weeks. Without it, the plague stricken rat has clambered aboard ships lying at the wharves of infected cities, over the unprotected gangways and hawsers, crept into the dark holds of vessels, and has thus been carried along the highways of commerce from port to port, leaving recurring foci of infection in every clime of the world.

Preventive medicine has established measures for preserving the public health that may be annoying to individuals, and consequently cause unpleasantness between the physician and his patitnts or their friends, nevertheless, the duty of the physician is to the public as well as to the individual even though the individual should be offended, and the physician incur widespread criticism and disfavor by enforcing sanitary regulations that save hundreds of lives and prevent untold suffering, but which may cause some individual inconvenience.

The advancement achieved by sanitary science in the past few decades has been enormous, and, without exception, the diseases in which a reduction of mortality has been effected belong to the contagious or infectious type. This is significant for the work of health boards has been almost entirely along this line, and it proves beyond doubt the efficacy of cleanliness. Note the marvelous changes that have been wrought in Cuba, the Philippines, and in the Canal Zone.

In reference to conditions on the Isthmus of Panama, Dr. Howard King, of the Tulane University School of Tropical Medicine, believes it is none too early to consider the dangers to the public health that may follow the opening of the Panama Canal, and to guard against them. He

suggests that our Government assign experts to assist South American nations in organizing an effective public health service backed up by needed legislation.

The justification for this sort of paternalism with regard to our careless and often ignorant neighbors is that it is for our own protection.

The canal, indeed, will render them almost next door neighbors. Columbia, Peru and Chili are strangers to modern methods of hygiene.

They regard yellow fever as an unavoidable visitation. The so-called dirt diseases they have always had with them, and it has never occurred to these governments to take steps for their elimination. Equador recently requested the services of Col. Gorgas in cleaning up Guayaquil, thus setting an example to the others and indicating that South American countries would welcome aid from outside in setting their houses in order.

Colonel Gorgas' wonderful accomplishments in the Canal Zone by simple and efficient applications of the principles of preventive medicine which have been slowly learned in the past twenty years is the achievement of the most practical interest in all mankind, as it opens up a country considered almost uninhabitable to the occupancy of people of all climes. In demonstrating the truth of our gradually acquired theories of preventive medicine, it makes possible the opening up of vast areas of civilized enterprise.

That these achievements should finally be brought to their culmination by American physicians or men working under American support should be a matter of national pride and congratulation.

So much the splendid advance in preventive medicine has given us, but let us not mistake the fragment we possess for the totality to which it is destined to grow.

Let us each do our part, and, filled with high aspirations, take up the work with greater zeal than ever before; co-operate intelligently with the health authorities in the gigantic struggle which is now being waged in the arena of hygiene by the trained forces of science against the malignant forces of disease; in this great health battle which is now on, having for its object the prevention of disease, the promotion of health and the preservation of the race, and then when we come to the end of the way we can say in the words of Eugene Field:

Happy the man that, when his day is done,
Lies down to sleep with nothing of regret,
The battle he has fought may not be won,
The fame he sought be just as fleeting yet;
Folding at last his hands upon his breast,
Happy is he if, hoary and forespent,
He sinks into the last eternal rest,
Breathing these only words, "I am content."

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CAPSICUM.

BY T. H. HUDSON, M. D., KANSAS CITY, MO.

CAYENNE pepper is such a common condiment that we are apt to think of it as belonging to the culinary, rather than to the pharmaceutical, department. Nevertheless, as a remedy, it occupies a place peculiarly its own. In this it is not unique, for the same may be said of any remedy, and there is no such thing as substitution for the one indicated, be that one indicated every day, or only once in a score of years.

Belladonna, Hyoscyamus and Stramonium belong to the same group of remedies as Capsicum, and are much more frequently indicated and prescribed. All four possess narcotic properties, but Capsicum much less than the others. Capsicum is more irritant than narcotic. It is something of a burner, and would set a person on fire before it would put him to sleep.

However, it has not the reputation for deep burning accorded to some other burners, Sulphur and Carbo vegetabilis, for example. It seems to prefer the surface to the interior; the muco-cutaneous outlets to the deeper structures; the lower end of a canal rather than the upper. It is elinimated from the body by way of the kidneys, but the cry of fire is not raised until the urethra is reached. Then, in addition to burning, it induces stranguary, the urine passing drop by drop and painfully. With the restrictions mentioned we may consider burning as one of its high points.

The temperament to which it is best adapted is the lymphatic, and the patient in addition to being loose fibered, lazy and fat, is prone to awkwardness and clumsiness—the kind which stumble over themselves and fall down while standing still. I know a young lady who is so awkward with her arms that she is a disturber of the peace and a menace to safety. Her elbows are especially aggressive. There is no safe place in her neighborhood; one is always liable to a poke in the ribs, a dig in the stomach or a bat in the eye. Those winding blade arms of hers sweep the dishes off the table and the pictures off the wall. The destruction of bric-a-brac is her specialty. She drops everything she picks up,

breaks everything she takes hold of, and smashes whatever she looks at.

Lax-fibered, loose-jointed people, awkward, clumsy people, need the stimulating tonic effect of Capsicum. Apis has a habit of dropping things from the hands, but it seems to be due to a want of the tactile sense rather than to awkwardness.

Capsicum patients have weak stomachs, consequently poor digestion, and while they incline to flesh and stoutness, the stoutness is not indicative of strength, and fat is not muscle, consequently these folks are physically weak. Fat folks are proverbially good-natured, but these are exceptions. They are irritable and peevish and get angry without rhyme or reason. Being lax-fibered and fleshy they are easily chilled, especially by air drafts, even though the air be warm, and they are good subjects for ague.

They are also very liable to catarrh and to asthma. A feature of the asthmatic cough is that if phlegm is raised the asthma is relieved.

Another peculiar cough feature of Capsicum is a fœtid odor of breath observable only during the cough and in cases of bronchitis where the sputum has been long retained. This odor is said to be carrion-like. I have not observed it in connection with other Capsicum symptoms, but I have witnessed a remarkeble cure under the administration of Sanguinaria where fetor of breath was a pronounced symptom. Burning blisters in the mouth in diphtheria attacks, or in gangrene of the throat associated with a carrion odor will indicate Capsicum, and in such cases there will be burning and spasmodic constriction of throat similar to that mentioned under urethral inflammation. It is also useful in relaxed condition of the soft palate and in elongation of the uvula.

Capsicum is the damp weather remedy for dysentery, even though the breezes blow warm from the south, yet cold winds do not contraindicate it.

The point to remember is that it is intolerant of dampness and of drafts of air, either warm or cold.

The characteristic dysenteric symptoms are frequent, small, bloody, slimy alvine discharges attended with burning and tenesmus in both rectum and bladder.

Capsicum is also a remedy for defective reaction, not in the miasms demanding Sulphur, Psorinum and the deeper acting drugs, but when grief, sadness, home-sickness and such like depress and debilitate. Intermittent fever will yield to Capsicum if the chill begins high up the back, demanding hot applications which relieve, and attended by thirst for cold water, which aggravates.

The cure of such a case, by red pepper, came under my observation long years before my mental horizon was illumined by the light of Homœopathy. I was a young doctor of old school persuasion—a new doctor in an old community—a young, new, old school doctor in a God-forsaken old dilapidated village in southern Indiana. The village was located in a swamp known as the Muscatitac Valley, where malaria was so thick that a man sleeping under it had to have help to turn over. The denizens of this unhappy valley had ague all the year round. They went into winter quarters yellow as pumpkins, poor as Job's turkeys, thin as razor backs, and came out in the spring looking like ghosts of their departed fathers.

Shortly after I had hung my shingle to the breeze in this invigorating atmosphere one of the rotund citizens called on me for a prescription. He had had chills for years and no doctor had been able to break them.

He detailed his symptoms, chill in the back preceded and attended by thirst for cold water, which made him shiver and shake; cold places between his shoulders, which felt better when he got it "het up" and all the rest if it, which meant nothing to me. His symptoms were of no consequence. He was a patient with ague, I was a doctor with Quinine, and I thought all that was necessary was to give enough of it. It cost five dollars an ounce, and those poor wretches never had money enough at one time to buy a drachm. The doctors had to furnish it, and I suppose that my coajutors or competitors, as you please, had been illiberal in its exhibition; so to make amends for their parsimony, or, rather to score a triumph by my own liberality, I gave it without measure or weight, bountifully and repeatedly unstintedly and continually. Gave it until the roaring artillery and the rushing cataract in his head would have made a picnic of Waterloo and a babbling brooklet of Niagara.

I had added a symptom but that was all, for he came back saying: "Doc, I'm deef'r'n a post, but you haint struck them chills."

Then I gave him Arsenic—Fowler's solution—until the tumefaction of his eyelids obscured the light of day; an additional symptom but the shakes still "unshuck." Being now both deaf and blind he concluded it was about time to call a halt. So did I. I was as willing to quit as he was. Subsequently some old "granny woman" induced him to drink a cup of strong red pepper tea which knocked his chills, as he said, higher'n Gilderroy's kite, and so far as I know they never came down. I never heard of their return. I did not tarry long in that vicinity, but sought a more salubrious clime. Failure to shake the shakes had shaken my faith in the shake shakers. My sheet anchors Quinine and Arsenic had failed, and I was all at sea not only without an anchor but with neither chart nor compass. I hoped to make a port where a diversity of diseases would suggest a variety of drugs.

My failure to interrupt the periodical paroxysms of ague left such an impression that subsequently I got to ruminating over it and rhyming about it with the result I hereby offer, subject to your own appraisement.

"DOC SHOOTEM."

Doc Shootem, who lived in the hills,
Believed he could cure human ills
Of every degree and kind;
All ills of body or mind,
From brain storm to fever and chills,
With Arsenic, Strychnine,
Opium, Quinine,
And compound cathartic pills.

He was Regular, and he was young,
Had no brains to spare, but his tongue
His own praises could sing, and it sung!
The surplus of brass in his cheek
Far exceeded the gold in his purse.

The best we can say when we syeak
Of him is that he *might* have been worse.
The swamp, half a mile from his door,
Was teeming with sickness galore—
Especially chills,
Æsculapius fits—
Said, "I'd like to see one I can't cure."

Jack Hardman lived down in the bottom,
A good place to get chills, and gotem.
He said: "The folks down thar had had 'em
Ever since God A'mighty made Adam."

Unlike Jack of fabled renown,
Who with Jill climbed the hill and fell down
Head foremost and fractured his crown,
This Jack ascended the hills,
Not seeking for water, but pills
To break up his fever and chills.

When enthused or excited Jack stutters
Over most of the words that he uttered.
Accosting the medical man
He said: "I will t-t-tell if I c-c-can
How I f-f-feel when f-f-feelin' the w-w-wust.
My back's w-w-whar they t-t-tackles me fust,
An' my haid f-f-feels lak it woulld b-b-bust.
An' then I gits d-d-dyerr'n d-d-dust;
B-b-b-but w-water d-don't hep m-me a b-b-bit,
Hit b-brings on a s-s-s-s-shiverin' f-f-fit
An' ruther in-c-c-creases my thust."
You don't need to tell me, my dear sir,
How you feel, quoth Doc, never fear, sir,
I shall make you some pills
That will break up your chills
And cure you as sure as you're here, sir.

So he rolled his quinine dough
Into pills, and I don't know
How much each pill contained; but oh!
They were big and they were bitter;
Grains and grains in every pill!!
Four big pills in every litter!
Litter five times every day!
Ought to cure him! You would say:
I should think so, "cure or kill."

A week passed away
And the patient returned.
Says he: "Doc, I'll be durned
If I ain't c-chilled every day.
I'm d-d-deef'n a p-p-post,
Throat's d-d-dry'r'n t-t-oast,
C-c-cold watter w-w-won't w-weter,
An' I h-haint no better.
L-l-look here, you damned cuss,
If I l-lose m-my h-hearin'
Thar'll be somethin' doin'
Round here'll spell r-ruin;
Thare be somethin' w-wuss
An' hotter fer you
Than all of the s-swearin'
I'm able t-t-to d-do,
An' yit I c-can m-make
The atmosf-fear b-blue
As the I-injin O-o-ocean
Whenever I take
Nuff d-drinks and t-the n-notion.
I'm c-sober now. Well's I s-say,
You s-see me d-d-drunk an' hell's t-t-to p-pay."

Appreciating this appeal
So strongly put by doughty Jack,
Thus reasoned Doc: "I'll break that chill,
Or, by the gods, I'll break his neck.
I'll fix him so they won't come back.
The idiot thinks that I'm a quack."
Profoundly Doc soliloquized:
"I guess his liver's hepatized,
His system must be tranquilized,
His circulation equalized,
Some Calomel to stir his liver,
Some Opium to cool the fever,
Some Strychnine then to tide him over;
Then Fowler's arsenic, that'll suit him
And fetch him round as well as ever,
Sure as shot, and my name Shootem.
So unto the liver mover added he the anodyne,
Then to this the tide him over. Then thought he are right in line.
The mass then into pills he mixed, and said, aside, I'll have him fixt.

"Now," said Doc, "my friend and brother.
Take these pills, then here's another
Remedy; if this don't bust 'em
You're about the toughest custom
Er I've struck yet.
So don't forget,
Take this bottle full, and when
It's empty call again;
But you will be all right by then."

"B-b-but D-d-doc"——
"You'll be all right; go long, go long."
"A-all r-right then, D-d-doc, so long, so long."
A layman is wise, needs none to advise
Great caution with Fowler's solution,
By no means a rare substitution,
For Quinine in hills;
It oft tumefies the lids of the eyes,
And full often kills.
Those who dynamize
And thus minimize
A danger, are wise,
For death in disguise,
Is safest in high dilution.
Soon the deaf man's eyes got puffy,
Puffed until they closed together,
Closed until they had to lead him,
Lead him or stake him to a tether.
Got so blind they had to feed him,
Some one then proposed to bleed him;
Then the deaf and blind got huffy.
Hell! said he, I've b-b-been a b-b-bleedin';
Deef, s-s?so d-d-deef c-c-can't hear it thunder;
That cussed q-q-quack has made a b-blunder.
B-b-blind; can't s-s-s-stir th-th-thout some one
l-leadin'.
I s-s-swear he's b-b-better s-stan' from under.
Hain't no, no c-casion fer your f-f-frettin',
I agree th-thars b-b-blood wants lettin',
An' it's s-s-safe t-to d-do your bettin'
On the chance t-that I s-s-s-shall let 'er
Flow, as soon as I gits better.

Of doctors who doped and bled
Their patient to death,
A cynical Irishman said:
Sure as long as there's breath
In a body they're bleedin' 'im,
Whin, begorra, they'd better be feedin' 'im.
Thin whin anny poor divil goes lame
They load all the guns they have got,
Sit up a name for a shpot,
Blaze away at the name,
But missing thot same,
They bag bigger game,
For they fill the poor divil with shot.

The Irishman's metre is doleful and long,
For he sings a rather lugubrious song;
But it surely is true
That one of the two
Great systems of healing is wrong.
Two schools of medicine prevail,
The one with labor and travail
Brings forth a name;
The other seeks to find the causes
Of illness, then through Nations' laws
Removes the same,
Believing that the symptoms prone
Will guide to what should be removed.

To shorten a tale
Already too long,
We give you the sequel,
And so end the song.

Old Grandmother Lee
Made some red pepper tea,
And gave Jack a drink.
And what do you think?
Strange story to tell,
At once he got well.

A fakir I thought old Grandma Lee,
A humbug her cup of pepper tea,
The cure I thought a coincidence,
Ascribed it to chance or Providence,
For I could not conceive
And I would not believe
That fakirs and pepper could get a grip
On patients that doctors and drugs let slip.
Consider what follows and you will see
How chills may be cured by red pepper tea.
The Capsicum chill
Begins with a thrill
High up in the back,
Attended by thirst,
And also a knack
Of being made worse
By every cold drink.
Now what do you think?
And what do you say?
Was Doc much to blame?
If taught the same way;
Perhaps you and I
Would have done much the same.

Could Doc have known that Quinine chills
Have thirst before appearing,
Are thirstless while the chill is on,
And thirstless 'till the fever's gone,
He might have saved his Quinine pills
And spared Jack Hardman's hearing.
Had Doc have known the bloating, the
Peculiar thirst and fever,
The weakness and the other things
Which Arsenic ague always brings,
Jack's eyelids had not swelled, and he
Had seen as well as ever.

But what is the use
Of heaping abuse
Upon Doc. Let's excuse
Him and show him fair play.
Regular and young,
With less brains than tongue,
And more cheek than either,
And then having neither
Experience nor law
To guide him, he saw
But the blackness of night
Compared with the light
Of to-day.

But what shall we say
Of the Regulars now;
The old and the wise,
Who will not use their eyes
Nor their ears? Then how
Shall we show them the way?
Could they see if they would?
Would they hear if they could?
Will it pay if we try
To show them? I say,
If we try will it pay?
You don't know, you reply,
And neither do I.
But the least we can do is to try.
Aye! Aye!
And the *best* we can do is to try;
And living or dying
Keep on trying.

SUPPLEMENT TO THE DICTIONARY OF HOMŒOPATHIC MATERIA MEDICA.

BY JOHN H. CLARKE, M. D., LONDON, ENG.

ACONITUM NAPELLUS.

Symptoms.

1. MIND.—*Music intolerable; it goes through every limb; becomes quite melancholy.*—Unsteadiness of ideas, one idea chases another away.—*Want of memory; feels as if what he had just done were a dream, can scarcely recall it.—Anxiety, inconsolable, piteous howling and complaints and reproaches, often about trifles;* followedby beating in scorbiculus and aching in head.—Obstinacy.—*Delirium with talk about death.—Desires to be alone, shuns people.—Disposition to weep; cried violently with jactitation of facial muscles.—Screams at slightest touch.*—He is delirious while awake, jumps out of bed and thinks he is driving sheep.

2. HEAD.—*Vertigo; swaying to and fro in brain.*—ON RISING FROM RECUMBENT POSTURE THE RED FACE BECOMES DEATHLY PALE, OR HE BECOMES DIZZY AND FALLS OVER, HE FEARS TO RISE AGAIN; OFTEN ACCOMPANIED BY NAUSEA, VANISHING OF SIGHT OR UNCONSCIOUSNESS.—Whirling in head < moving; < getting into bed.—Vertigo < stooping, STAGGERS TO AND FRO ESP. to r.—*Vertigo as if would fall, with nausea,* < *rising from seat* (not while sitting); < *walking.*—Vertigo, tightness of chest and dry cough with pain in hip.—BURNING HEADACHE AS IF BRAIN AGITATED WITH BOILING WATER.—TENSION; AS IF A HOT IRON BAND WERE AROUND HEAD.—The brain seemed much congested and the jugular vein was opened with great relief; she felt as if whirled suddenly from a close, hot, dark room into a spacious light one.—Throbbing in l. side forehead, with strong beats in r. by fits.—Pain over r. eye and behind mastoid process.—*Sensation of a pitch cap on vertex,* > *walking in open air.*—AS IF AN OUTPRESSING WEIGHT IN FOREHEAD AS IF EVERYTHING WOULD COME OUT THERE.—*Pinching and squeezing in forehead (bones);* ABOVE ROOT OF NOSE, as if she would go mad; > *walking in open air.*—Feeling of *crepitation* in temples, nose and forehead.—Going into warm room forehead feels compressed.—Aching, shooting, sick-headache above orbits and down to upper jaw.—*Violent headache limited to a small spot above l. supra-orbital ridge.*—Sneezing, tensive headache close behind orbits.—*Fore part of head feels as if nailed up, in warm room.*—Creeping on l. side of head as from a brush.—*Feeling as if something were drawn out of head whereby her upper eyelids were drawn upwards.*—In occiput, twitching, tearing pain.—Shoots in occipital bone.—HEAD VERY hot, evening, followed by tenderness.—HEAD HOT, perspiring, with pale face.—*Posterior part of brain feels very much injected.*—BENDS HEAD FAR BACK (in croup).—Numbness, formication, itching of scalp.—Sensation as if hair stood on end.

3.—EYES.—*Eyes glaring.—Inflammation with lachrymation* WHICH = SO MUCH PAIN AND FRIGHT THAT HE WISHES FOR DEATH.—BURNING IN EYE.—*Edges of lids sore, raw, irritable.—On opening eyes, pain in interior of eye as if it would be pressed out,* pain spreading over brow into interior of brain.—*Sticking and tearing pain around the eyes,* < *at night.—(Sclerotitis.)*—Ophthalmia from cold by dry winds.—Feeling of sand in l. inner canthus.—*Balls feel enlarged as if coming out of orbit and stretching the lids.*—Pressure on upper lid *and sensation as if whole ball was pressed into orbit and crushed.*—Distortion of eyes and grinding of teeth about midnight.—Aching in eyes, < looking down, < moving eyes to and fro, with heat in them.—Sensation in eyes as if greatly swollen.—Eyes closed with a jerk as in irresistible sleepiness.

4.—EARS.—Tickling in r. ear as if a small worm crept in.—During perspiration a burning pain shot several times into l. ear and upper maxilla.—*Sensation as if a drop of hot water in l. ear.*—Pressure as from thumb behind l. ear.—External ear hot and red.—Humming; hissing; buzzing; *ringing; roaring* in ears.

5. NOSE.—Frequent violent sneezing with pain in abdomen.—*Blows light red blood from nose for several successive mornings.*—Cannot sneeze thoroughly from pain in l. costal region.

6.—FACE.—Cold sweat on forehead, upper lip (under nose) *and on cheek lain on in bed.—Redness and heat of both cheeks,* WITH A SENSATION OF THE FACE GROWING LARGE.—Twitching of muscles of face.—Creeping pain (tingling) on cheeks.—Extraordinary sensation of distortion of features.—*Neuralgia of trigeminus (l.), face red and hot;* restlessness, anguish; rolling about.—Very penetrating pain in jaws as if they would fall off.—Pain in jaw-joint behind zygomatic process when chewing.—Burning, tingling, and

shooting jerks in lower jaw.—*Constant chewing motion of lower jaw.*

7. TEETH.—Cold feeling in incisors.—*Teeth sensitive to air.*—Teeth feel as though they would fall out.

8. MOUTH.—*Cold tongue* (of cholera).—*Tongue feels swollen.—Penetrating fine stitches in tip of tongue.*—(Chronic affection of tongue).—TONGUE FEELS SWOLLEN; BURNING, PRICKLING, TINGLING OF TONGUE.—Breath hot.—FETID BREATH.—Saliva frothy, *copious,* streaked red, with sweet taste in the mouth.—Yellowish white thick fur in the mouth.

9. THROAT.—As if an angular many-pointed body had stuck in the throat.—Fine stinging sensation in back of throat as from hairs of seed of dog-rose.—Throat seems to swell with feeling of a quantity of mucus there that he could not get rid of by hawking.—*Dryness;* as if something had stuck in the throat; < smoking.—*Several sticking pains in posterior fauces.*—Apt to choke on swallowing saliva.—Constriction of œsophagus, not > by drinking cold water.—Sensation as if the palate had fallen down and rested on the tongue, forcing one to hawk and spit constantly.—Rawness, peppery feeling in throat, uvula swollen and elongated.—Pricking in r. Eustachian tube compelling him to swallow.—Frequently pulled at his throat.—Pressure and burning pain along œsophagus into pit of stomach, coldness down œsophagus as after peppermint.

10. APPETITE.—*Lively sensation of hunger renewed after eating.*—Drinking ice water < the cough.—Smoking < (palpitation of the heart).

11. STOMACH.—Painful hiccough.—Nausea and sinking qualmishness.—Feeling as if stomach alternately distended and collapsed.—Burning feeling from stomach up through œsophagus to mouth.—*Pressure in stomach and pit of stomach as from a (cold) stone;* going through to back with squeezing, strained sensation.—Vomiting and purging of green water.

12. ABDOMEN.—Stitches in region of spleen < by pressure and deep inspiration.—Intestines feel paralyzed and unable to expel their contents.—Many abdominal symptoms are > after eating warm soup. Epigastrium sore to touch and meteoristic.—COLIC FORCES HIM DOUBLE yet > *in no position.*—Colic involving bladder, contraction of hypogastrium; constant ineffectual urging to urinate.—Umbilical region hard, swollen (oxyurides).—BURNING IN UMBILICAL REGION.

13. STOOL AND ANUS.—*Loose, watery stools; gushing out; with > of tenesmus.*—Thinking to pass only flatus there occurs an unexpected evacuation of thin fæces.—Violent shooting; pressing; bearing pain in rectum.—*Sensation of warm fluid escaping from rectum.*—Flow of white mucus with itching.—Hot flatus.—Thread worms.

14.—URINARY ORGANS.—Retention or suppression of urine, with pressure on the bladder and stitches in region of kidneys; (retention from cold, esp. in children, with crying and restlessness).—Pain in bladder while walking.—Splashing sensation (vibratory movement) in bladder while urinating,—Fainty feeling when urinating.—*Tenesmus of neck of bladder* (between acts of micturition).—Involuntary micturition from paralysis of neck of bladder.—Frequent urging to urinate because bladder constantly fills with pale urine.—Painful, anxious urging, sometimes excited by merely touching abdomen.—Stinging in fossa navicularis < when urinating.—Burning in urethra during micturition from one orifice to the other.—[Taken before catheterism it obviates pain and after effects.—J. H. C.]

15. MALE SEXUAL ORGANS.—Voluptuous itching in glans.—Frequent emissions.—Erections and emissions without dreams.—Retraction of scrotum.—*Two emissions in one night.—Emission at night* and that after coition.—*Bruised pain in testes* (esp. r.).—Violent itching in scrotum.—Skin of l. side scrotum covered with vesicles exuding moisture.—Dull burning in fossa navicularis.—Single shooting stitches in urethra on walking.

16. FEMALE SEXUAL ORGANS.—*Metrorrhagia.*—Menses *too abundant* (esp. in plethoric women).—Reappearance of menses which had been suppressed by a cold bath; followed by a very offensive white discharge lasting 4 d.—*Complaints attendant on pregnancy; apprehension of death;* stinging, burning soreness of liver; vomiting and nausea with pain in stomach after every meal and headache.—*Milk fever, breasts hot, hard, tense with scanty milk;* esp. in plethoric subjects, and when violent delirium sets in.—Labor pains: *violent, rapid but ineffectual from* mal-position *of child;* pains overwhelming, unbearable; shrieking; red sweating face, thirsty.—Puerpral convulsions.—Newborn children: asphyxia; jaundice; ophthalmia; retained urine.

17. RESPIRATORY ORGANS.—Anxiety with fear of suffocation.—*Inspirations through nose were impeded, esp. in sleep.*—Sensation in larynx as if compressed on both sides.—Laryngeal complaints after straining once.—Pains in larynx on coughing.—*On coming from cold air into warm room, tickling in larynx causing dry cough.*—After midnight, every half hour, a tickling in larynx; the more he tries to suppress it the more frequent and worse it is.—*Croup; child grasps throat every time it coughs.*—Cough *frequent with expectoration of light blood.*—Cough brings tears.

18. CHEST.—Dyspnœa, obliged to breathe half sitting up with head resting on hands.—Breath hot; hot feeling in lungs.—Squeezing together of chest, r. side near sternum; as if ribs on both sides were drawn towards one another; as if whole chest compressed from both sides.—

Weight under sternum preventing deep inspiration; painful pressure from sternum to spine.—*Frequent deep sighing.*—Aching in chest > bending upper part of body back and returns at once on resuming erect position.—TINGLING IN THE CHEST AFTER COUGH.—Creeping pain in chest.—Shooting, burning, digging pain l. side chest between 4th and 6th ribs for 10 min.—Cannot lie r. side but only on back.—Heat in lungs.—Bruised pain in middle of sternum; in lowest rib; much < by touch.—Bruised pain posterior surface of sternum.—*Feeling as if hot water were being poured into chest.*

19. HEART.—Paresis of heart.—Great weakness and pain in the heart.—Blows from within out in region of heart.—*Intense pains in all directions, esp. down l. arm, with numbness and tingling; anxiety, fear of death; cold sweat, feeble pulse.* (Angina pectoris.)

20. NECK AND BACK.—Stiff in nape of neck, evening.—Neck sore and painful, glands swollen.—Pain as if flesh separated in neck, as if neck would not support head and it would fall forward; on moving the head.—Shooting in nape.—*Rheumatic pain only on moving neck.*—CRAWLING PAIN AS FROM BEETLES IN BACK.—Single shooting in neck on both sides.—Aching pain in l. side of cervical vertebræ.—A pain in neck passing inwards towards trachea like a pressure with the point of a finger into neck.—Pain along side of spine (< l.).—A digging, boring pain from r. scapula forwards to chest, < inspiring (not expiring) but never ceased for twelve minutes.—Coldness along vertebral column.—Feeling of heartburn all down back.—Burning, corrosive pain near dorsal vertebræ in r. side.—Violent shooting, digging pain all down l. side spine to sacrum, not < by inspiration, making tears come into his eyes.—*Bruised pain in joints of lowest lumbar vertebra into sacrum; the sacrum feels hacked off.*—Aching pain in sacrum on l. side.—Tensive pain in lumbar vertebræ as from a bruise; at same time pain in abdomen as from flatulent colic.—Sensitiveness and pain in kidney regions.—Cutting in a circle from spine to abdomen.—Bruised pain from sacrum through back up to nape.—Aching pain in l. side sacrum.—On moving painful stiffness of sacrum; hip-joint; he is as if paralyzed in sacrum.—Numb sensation in small of back extends into legs.

21. LIMBS.—*Trembling.—Convulsive trembling and twitching and contractions and stretchings.*—Numbness.—Paralyzed feeling in arms and thighs, first of r. side, then of l.—*Drawing,* TEARING pains in limbs.—All the joints are painful.—*Painless cracking of all the joints, esp. knees.*—WEAKNESS AND LAXITY OF LIGAMENTS OF ALL THE JOINTS.—After sleeping a pain on moving in the shoulder and hip-joint as if crushed or as if the bed had been too hard.

22. UPPER LIMBS.—Flying stitches in l. shoulder joint.—Swelling in muscles of shoulders, with violent pains as if bruised when touched.—*Tearing pain from shoulder to wrist and fingers on every motion, with blueness of fingers.*—Single stitches middle r. upper arm anterior aspect.—Sudden drawing, shooting pain back of r. upper arm.—Stitches from elbow-joints to wrists on flexing fingers.—*Drawing pain in shoulder joint; elbow joint; forearm; wrist; fingers.—Shootings in wrist-joint as from needles.—Paralysis of wrists.*—BRIGHT RED HYPOTHENAR EMINENCES.—Tearing pain in wrists.—Contractive pain in l. palm, so he can hardly bend his fingers.—Cramp-like pain with fine stitches in r. hand, > moving it.—Pain crawling and warmth of index finger.—Burning warmth along dorsum of index finger.—Cutting, aching side of r. index towards middle finger when moving and when at rest.—*Paralytic or dislocation pain of thumbs.*—Tingling of fingers renewed on getting into warm bath.—Flying, growing-like pains all forenoon in metacarpal and finger-joints of both hands.—*One hand becomes icy and insensible as if numb.*

23. LOWER LIMBS.—*Tired feeling in lower limbs during repose.*—Powerless feeling in head of femur, or inability to walk on account of an intolerable, indescribable pain, almost as if head of femur were crushed, which sometimes declines, sometimes increases, and occurs after lying and sleep.—*Drawing pain in border of l. hip-bone; in l. hip-joint on moving it;* in head of l. femur, on standing, sitting and esp. walking; here and there; in lower extremity, esp. in joints, in thigh; in expansion of tendons.—Sensation as if drops of cold water trickled down front of thighs.—*As if a tight band round thighs.—Cutting (knife-like) pains in knee-joints.*—Bruised pain; tension in patella (l.) < walking.—Cramp of ————.—Pressive pain in tendo-Achilles.—Tendo-Achilles feels shortened.—Intense pain in ankles > pressure.—As if a tight band round ankles.—Pain in r. heel < treading.—Sharp stitches in toes; in r. great toe, getting into bed.

24. GENERALITIES.—*Anxious* trembling.—VERY FINE STINGING, OR STINGING. BURNING PAINS IN MANY PARTS, AS IF SEATED IN THE SKIN.—*Flying stitches.*—Burning through all mucous membranes.—*Excessive restlessness and tossing about for several hours.—Excessive sensitiveness to fresh air or least draught of cold air.*—Sensation of swelling of many parts generally with rigor.—*Most symptoms accompanied by shivering and anxiety.*

25. SKIN.—*Fine pricking as from needles.—Scarlet rash with high fever.*—Erysipelas.—*Erythema from the sun's rays.*—NUMBNESS AND TINGLING.

26. SLEEP.—*Irresistible sleepiness by day.—Frequent yawning and shivering without being sleepy.—Sleeplessness after midnight from fear or anxiety, with agitation.*—Starts up in a fright, moaning much and talks in sleep.—Frequent

waking from dryness of mouth.—*Long dreams* with anxiety in chest, taking away his breath and causing him to wake.—Dreams half the night of a single subject which occupies his attention for many hours while awake, so that that subject alone is in his mind (like a fixed idea of a monomaniac).—Starts in affright, makes many movements, and speaks in his sleep.—Starts in sleep and says someone is seizing hold of her.—Inspiration with double jerks, like the butting of a goat, in sleep.—Towards morning has a very vivid dream which gives him an explanation of a circumstance that was an inexplicable riddle to him when awake.—In evening after lying down, and by day when sitting, has waking dreams, and has delusions as though he were far away from home.

27. Fever.—*Chilly if uncovered or touched.* —Fever symptoms > in open air, much < going into warm room.—Profuse sweat, esp. *on covered parts.*—Likes to be uncovered.—[Bad effects from suppressed sweat].—*Sweat on part lain on.*

THE CARE OF THE BREASTS.*

BY F. F. NETHERTON, M. D., CLINTON, MO.

THE proper title of our paper should be "Mastitis and Its Prevention," as that is the most frequent affection to which the breast is liable. Therefore, the purpose is to notice the causes which might lead up to this complication in the nursing mother.

When we recall how very important it is that the infant have what nature intended for its sustenance during the first year of its life, the care of the breast is our first consideration.

There has been fortunately within the last few years a more hygienic tendency in the style of dress as worn by our young women, which portends a more robust development and, through relieving the pressure upon the mammary glands with lower cut corsets, atrophied breasts are more rarely found.

A more generally diffused knowledge of personal hygiene in the home, too, is largely responsible for the rarity of mastitis.

Expectant mothers are learning to better prepare themselves for the advent by self-treatment under the advice of the physician.

To depend upon what information which may or may not be given her by some old lady of the community does not relieve the responsibility of her family physician in advising her of the need of applying a saturated solution of boric acid to the nipples and manipulating them in order that they may not be too tender and sensitive to admit of nursing them when the proper time shall have arrived.

A retracted nipple certainly deserves this prepuerperal attention. This precautionary treatment renders the nipples less likely to fissure and the subsequent infection avoided. I do not wish to be understood that infection must necessarily result from an abrasion of the nipple, yet we all know that is what usually follows.

And when we are called in to "the other fellow's case" and find a full blown case of mastitis, it's up to us to get busy right there. At about the third day after confinement, when the breasts have begun to fill, the condition may be attended with a rise of temperature and pain from distension which requires our attention, especially if the child be feeble or unable to nurse sufficiently to care for the full amount of the flow. Massaging with warm flannel cloths is recommended by some authorities, yet frequently the breasts are already too tender and inflamed to permit of more than the most gentle of manipulations, quite insufficient to draw off the milk.

We have found that by the use of heat applied by first covering the breast with two or three thicknesses of soft flannel, oiled, then invert over the breasts a soup bowl, found in every kitchen, first having dipped the bowl in boiling water. After retaining for a time the acute soreness will have so subsided that considerable manipulation may be borne by the patient, and with this application of heat great comfort has been given so that everything is soon smiles where before all was tears and distress.

A breast pump may be found necessary to assist in keeping the breasts from over-distension. One styled the "English" is superior to most others obtainable. As the child grows and a greater demand is made upon the source of supply, the matter may be safely left to the little lord of the household.

After each time of nursing the nipple should be dried, and if any tenderness is noticeable, applications of dry boric acid dusted freely on the nipple, which should be removed with a damp cloth prior to the next nursing. Regularity of nursing, while the best for the child, is of great advantage toward the proper maintenance of a normal milk supply.

If fissures or erosions develop an ointment containing benzoin tincture, camphor or tannic acid will act as a gentle astringent favoring a more rapid healing process.

Pathology recognizes three types of mastitis, however as the treatment is symptomatic, the finer lines of differentiation need not be drawn, though; of course, it is presupposed that the suppurative stage is easily recognizable when operative interference may be demanded.

Among the remedies are Aconite, Belladonna, Bryonia, Calcarea carbonica, Silicea and Sulphur, though, of course, others may meet the similimum.

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*Missouri Institute of Homœopathy, Kansas City, Mo., May 14-15-16, 1914.

The condition of galactorrhœa may require strapping of the breasts, especially in the first few weeks after confinement, for with their better functioning the breasts later on acquire more tone and the tissues of the nipple become more firm.

Where a suppurative condition is found assist nature as quickly as possible by eliminating the toxins through the bowels by use of salines and giving Echinacea to raise the opsonic index.

The affected lacteal nodule should be incised, radiating from the nipple, of course, after first having chilled the skin with a spray of ethyl chloride to render the operation as painless as possible.

Syringing out the pus cavity with pure hydrogen peroxide and then with 1 per cent. solution of lysol, snuggly bandaging the breast and changing the dressings as they become moist. Repeat the syringing out daily for a few days generally gives satisfactory results in a short time. An aphthous sore mouth of the infant is ofttimes responsible for an infected breast, and it is well to always note the child's condition when called to ailments of this sort in the mother.

We are sometimes called to treat or advise methods when it is necessary that the milk flow be dried, as in the death of the child or in weaning. The desired result is soon obtained by using the hot bowl as before mentioned, this time lining it with camphorated oil and applying, drawing off the milk only when it becomes painful through the distension. Only a day or two will be usually found necessary in this treatment to completely check the flow.

In presenting this paper we have not affected anything new or astoundingly startling; however, as these commonplace troubles are often so overlooked, and in my observation been most woefully neglected, that if by thus reminding you I have been able to instill into your minds the need of more precaution in your obstetric cases and perhaps save a little mother hours of agony and distress, then I shall feel that the time in writing this paper was not spent in vain.

Before closing my paper I would invite discussion on what you have learned from the use of pituitary extract in your confinement cases, if any of you have had experience with it, as the use of this agent has become noticeable in literature since we last met as a body.

Dr. Duncan's Autotherapy Endorsed.

A committee appointed last February to investigate Dr. Charles H. Duncan's method of autotherapy in the treatment of infectious diseases has recently made a report to the Homœopathic Medical Society of the County of New York commending the procedure as sound in prnciple and giving good results in practice. The investigations of the committee were carried out in the fields of both human and veterinary therapeutics.

FOUR AND FIFTY YEARS: A RETROSPECT.

GEO. B. PECK, A. M., M. D., PROVIDENCE, R. I.

(Late Lieutenant Second R. I. Volunteers.)

FIFTY-FOUR years ago last September there met for the first time on the campus of Brown University sixty-nine candidates for academic honors, fifty-eight for the degree of Bachelor of Arts and eleven for that of Bachelor of Philosophy, with five others who desired instruction in special lines, seventy-four in all, the largest class that had ever entered. Although Osawatomie Brown had paid the penalty *due all traitors* but nine months before, few dreamed of the events in which many of them would participate before receiving the coveted diploma. Yet in that war, inaugurated by the bombardment of Sumter, twenty-nine members of the four years' course, five of the three years' course, and two of the select, donned the Government blue. Thirty-six in all, but one less than half the entire number, forty-nine per cent. Two found graves in the sunny South; the tall, graceful, gentle-mannered Sanger, who died of wounds received at Fort Bisland, La., while the apparently robust Harrington fell a victim of typhoid fever, as did the stalwart Meggett, who joined us a year later. He who achieved the greatest distinction was Lieutenant-Colonel John Albert Monroe, at one time Chief of Artillery of the Ninth Army Corps and later head of the Artillery School of Instruction near Washington. There he had under his immediate command at one time more batteries than any other United States officer ever had save Major General Henry J. Hunt, Chief of Artillery of the Army of the Potomac, a graduate of West Point. He daily drilled twenty simultaneously and occasionally had thirty or more in camp. Harry Cooke Cushing displayed such exquisite coolness while serving as corporal (gunner) in our first three year battery at Bull Run he was given a lieutenancy in a Regular battery, subsequently attaining the rank of Captain and Brevet Major. Yet in the spring of 1860, during a debate in the Classical Department of the Providence High School, he scoffed at the *idea of a possibility* of civil war. (Cushing commanded the light battery at Fort Adams, Newport harbor, for many years, but was retired when ordered up for promotion because of exceeding deafness.) Edward Parker Deacon won the brevet of Lieutenant Colonel while serving as Captain in a Massachusetts cavalry regiment, but in after years his name became a household word on both sides of the Atlantic.

On September 7, 1864, diplomas were bestowed upon forty-three applicants. Of this number twenty-eight only entered college in 1860; two because of service in nine months' regiments had dropped from the class of 1863;

eight had come from other collegiate institutions, and five had entered in 1861 for the three years' (B. S.) course. One each of the last two groups participated also in the crushing of the great Rebellion, making a total of sixteen who took part in that task, thirty-seven per cent. William Whitman Bailey (LL. D. and Professor of Botany) and Harry C. Cushing, Edgar J. Doe (merchant) and John K. Dorrance (shot through the neck at the capture of Petersburg, April 2, 1865), and John D. Edgell (financier), and Clarence T. Gardner (eminent allopathic surgeon) received years after, by special votes of the Board of Fellows, degrees as of the class of 1864 for faithful and meritorious services in the field and elsewhere. Hence the revised list of the class as contained in the current edition of the Historical Catalogue contains forty-nine names; the possessors of twenty-two men who have "seen service," forty-five per cent.

Let us now review the subsequent careers of them who became sons of Brown fifty years ago, for their entire lives are practically behind all. It must be premised, however, that this investigation was undertaken primarily to ascertain how much truth there is in a remark occasionally dropped by my father, himself at one time an active member of the Rhode Island bar, during my youthful days: "Of the smart good men of a college class they make ministers; of the smart bad men lawyers, and of the fools doctors." Ten of the class entered upon the study of law, of whom two are living; eight of theology, one surviving; seven of medicine, three remaining; five became educators, one continuing, and eleven entered into business, of whom four abide. The average age attained by the lawyers is sixty years, two months, two days, and their general average of scholarship was 17.83 on a basis of 20.00 as perfect; the clergy completed sixty-four years, one month, three days, and their standing was 18.66; the doctors have compassed sixty-five years, five months, twelve days, but their recitations were valued at 16.39 only; the educators continued but sixty years, three months, four days, through their knowledge was rated at 19.69, while the business men have reached sixty-six years, two months, fourteen days, with a proficiency of 18.38. The clergy were the first to exhibit in their lives a belief in the words of Holy Writ, "It is not good that the man should be alone," for they took to themselves wives within two years and nine months. The doctors thought they needed none to look after them for six and two-thirds years. The lawyers did not believe they could treat their better halves in a creditable manner until they had spent eight and a half years in the accumulation of filthy lucre. It took the educators nine years to muster sufficient courage to "pop the question," while the men of affairs did not deem it wise to set up establishments of their own in less than nine years and a month. Six of our number, an educator, a lawyer, a clergyman, a doctor and two business men, for reasons satisfactory to ourselves, declined to assume "additional responsibilities." As such we have been denounced by Elisha Benjamin Andrews, of various locations, and Benjamin Ide Wheeler, chiefly of the University of California, as parasites of society, incubi on the earth; it is not improper to state that the first died comparatively young of pulmonary tuberculosis after proving himself a teacher of unusual promise; the second perished in middle life from hæmorrhage, neither source nor occasion recorded; the third more than fulfilled three score years and ten faithfully performing the duties of pastor until the natural infirmities of age overtook him. One of the business men was the originator of a number of valuable inventions, while of the two survivors, one contributed a handsome check (due regard being entertained, of course, concerning his resources) to the million dollar endowment fund, and the other, last and least in a list that commenced with Professor Bailey, and was continued by adding consecutively Oscar Lapham, A. M., ex-Congressman and safe counsellor-at-law; John Tetlow, D. Sc., principal of the Girls' High School, and more particularly of the Girls' Latin School at Boston, Mass.; also Horace Mann Willard, D. Sc., principal of the Quincy Mansion School, Wollaston, Mass., has just been recognized by "Who's Who in America," five in all, "not a bad number for so small a class" as has been remarked. Seven of our legal Benedicts had fifteen children, one none; five of our reverend, eleven; three of our medical, six, three none; eight of our commercial, twenty-two, one none, and three of our scholastic, eight, one none. He who has been a chronic invalid almost from the hour of graduation has been omitted from the accounting.

Note 1.—At its junior election of officers the retiring class historian was called on for his report. Rising he remarked that he had considered the office merely honorary, and, therefore, he had prepared none, "at the same time I will make a brief statement: First, we have sent more men to the war than any other class (Good! Good!); second, we have had more men expelled than any other class (Hear! Hear!), and third, we have been whipped by the Freshmen!" (Mingled laughter and applause.) Reference was had to the annual scrub foot ball game between the Sophs and the Fresh, the only game of any sort then in vogue. We were largely outnumbered, and one man was housed for weeks from injuries received.

Note 2.—"This has the reputation of being a pretty hard class, has it not?" innocently remarked Governor Padleford to my father, as they met at the portal of Manning Hall on their way to the exercises of our Junior Exhibition.

"I believe it has," was the reply, accompanied, presumably, with a sickly smile. And it *was* a "hard" class; so hard that even Death, the conqueror of all, found its members impervious to his darts for fifteen years and twenty-two days, though junior classes had one, two and even three names starred prior thereto; so hard that when we had been out forty years we had lost but sixteen, 32.65 per cent., though at the end of fifty years we have but sixteen living, ten of whom had worn Government blue. Forty-five per cent. of our "soldier boys" remain and but twenty-two per cent. of the others. The record of the class (of its members graduate and non-graduate), practically concluded is now patent to all. Judge ye!

NOTE 3.—Report presented to the class of 1864 by its secretary at its semi-centennial supper, June 16, 1914. The ages of the survivors were reckoned as of commencement (the ensuing) day.

It may not be amiss to add that the first member to attain success in his chosen profession was George Frederic Jelly, who found himself seven years later at the head of the McLean Hospital for the Insane, and in due season the final arbiter in Massachusetts when one's accountability was in question. Ratcliff Hicks, President of the Canfield Rubber Company, was the greatest success financially, dying a millionaire and better. He won considerable notoriety when, as a young country barrister, he raked in a fee of $10,000 from the Sprague bankruptcy proceedings. Francis Tomlinson Hazlewood, for many years New England Secretary of the American Baptist Home Mission Society, was given the degree of Doctor of Divinity on our twenty-first anniversary. When the class assembled on the green of the First Baptist Church at the close of the exercises George Moulton Carpenter asked: "How did Hazlewood come to get that degree?" There was silence that could be felt. Finally some one spoke up, perhaps a member of the next class: "I believe he has written something about the harmony of science and the Bible." Another pause broken by the exclamation of Carpenter: "Well, if it had been left to the class he never would have got it!" and none disputed the assertion. Now this Carpenter had been an Associate Justice of the Supreme Court of Rhode Island, and at the time presided over a United States District Court. His entitlement to popular fame rests chiefly on the fact that he was the only judge who ever dared to "sit down on" the redoubtable Benjamin Butler, LL. D., whilom Major General United States Volunteers.

John Sophus Holmes received the degree of D. D. from Kalamazoo in 1886, and all the fellows said *C'est bon!* Bailey's highest was handed him by the University of New Brunswick in 1900. The only others who obtained honorary degrees were the two schoolmasters who received their doctorates in 1893. He who graced the foot of the class died before the expiration of his second term of five yeas as Surgeon General of this State.

BOOK REVIEWS.

HANDBOOK OF PHARMACOLOGY. By Charles W. Greene, A. B., A. M., Ph. B. Octavo. 420 pages, illustrated by 70 engravings in black and colors. Extra muslin, $3.50, net. Wm. Wood & Co., Publishers, New York.

The strong argument for this volume is that it presents pure pharmacology. For the student's use it is, therefore, simpler, does not swamp the student in therapeutics, which belongs to the practical course, does not confuse his attention with materia medica and the adaptation of dose to disease which he does not yet know. The book is well analyzed, presents condensed statements of action with many chapters closed by specific summaries; in fact, in a pedagogical way, it conserves the time of both student and teacher. On the other hand, it is not without value to the practical physician in that it gives him the specific action of numerous individual drugs in easy and accessible form for his review and reference.

THE CASE OF HOMŒOPATHY. By C. E. Wheeler, M. D., B. S., B. Sc. London. The British Homœopathic Association, 1914.

This little brochure is composed of five chapters, entitled: I. The Statement of the Case. 2. Historical. 3. Biological. 4. Experimental, and 5. Summary and Conclusion. It presents the case in a succinct and modern manner, and it is an excellent booklet to put into the hands of such inquirers and seekers for the truth about Homœopathy as are sometimes, and that not infrequently, found in the dominant school of medicine.

PRACTICAL HOMŒOPATHIC THERAPEUTICS. By W. A. Dewey, M. D., Professor of Materia Medica and Therapeutics, University of Michigan Homœopathic College. Second edition. Boericke & Tafel, 1914.

A book in every particular true to its title. It is practical. It is homœopathic. It is therapeutic. It is in no sense a hybrid or of mixed ancestry, and whoever wants a book with one immediate ancestor, an allopathic drug shop and the other a mildly disguised eclecticism, will have no use for this one. There is no reference to palliation, to adjuvants, to tonics, to alternations, or to combinations. It is, however, as the title signifies, a practical treatise upon the medicinal treatment of diseases and diseased conditions, and it is useful only to the Homœopathist who has understanding enough to comprehend the lan-

guage in which it is written. It refreshes the memory of a physician who has a case in hand. It instructs the student who is preparing for practice.

By no means are the profession unfamiliar with the volume, this being a revised and enlarged edition, enlarged by over 50 pages. The fact it is a second edition indicates the author's original aim precisely, "to supply the practitioners of homœopathic medicine with reliable, practical and condensed indications for the more important remedies in disease," is appreciated by those for whom it has been laboriously prepared.

W. B. H.

A Manual of Physiology With Practical Exercises. By G. N. Stewart, M. A., D. S. C., M. D., etc., Professor of Experimental Medicine in Western Reserve University, Clinical Physiologist to Lakeside Hospital, Cleveland. Eleventh edition, with colored plates and 647 other illustrations. 8vo. 1,156 pages. Cloth, $4.00, net.

The last edition of this work, the 7th, was published in 1910. It is a book, the strong features of which have stood the test of time. Dr. Greene has revised and rewritten the work and has incorporated all the advances made in the subject since 1910. It is furthermore a handy volume, excellently printed and illustrated. It should continue to be our strongest text book on the subject.

A Text Book of Pathology, With an Introductory Section on Post-Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. By Francis Delafield, M. D., and T. Mitchell Prudden, M. D. Revised with the co-operation of Francis Carter Wood, M. D. Tenth edition. Completely revised. 8vo. 1,144 pages, illustrated by 14 full page plates in black and colors, and by 694 line and half-tone cuts in black and numerous colors. Wm. Wood & Co., New York. Extra muslin, $6.00, net; leather, $7.00, net.

This classical work is now in the tenth edition, and we know of no book that has in its successive editions kept pace so well with the advancing and one might say, ever changing subject of pathology. Compare the first edition with the last, and it will be apparent to anyone that pathology is anything but a fixed science, in fact, they are quite different volumes, for each successive edition has been divested of absolute matter. One can easily see from this that a system of therapeutics founded upon pathology is ridiculous in the extreme.

However, this volume is one that every physician should possess if he desires to keep abreast of the subject. We can commend it highly.

Steadman's Medical Dictionary. By Thomas L. Stedman, A. M., M. D., Editor of the *Medical Record,* etc. Third edition, revised and enlarged. Royal 8vo. 1,079 pages, illustrated. Flexible red morocco. Indexed, $5.00, net. Plain, $4.50, net. Wm. Wood & Co., Publishers, New York.

This is the best medical dictionary in the English language, and in this, the third edition, it has added thirty pages without making the volume unwieldy or unhandy. Dr. Stedman has the art of dictionary making, and his work should be adopted as a standard in all the colleges of the homœopathic school. The author has done what no one has had the temerity to do in his school, namely, to issue a book which has definitions of homœopathic things, remedies, philosophies, etc., that are correct and unslurring. He is one who apparently realizes, in fact, he says, that our school is entitled to respect, and while, perhaps, he uses some adjectives, such as "enormous" applied to the power developed by trituration of inert substances, for instance, he does not use these terms in an unpleasant way. Some of his definitions may, perhaps, be questioned as to their correctness, but we feel confident that he has used the best knowledge he possesses of our system of medicine, and has endeavorded to do justice always. We certainly shall advise our students to adopt this dictionary. In fact, our classes can testify that we have always advocated Stedman's Dictionary.

Rose and Charles' Manual of Surgery. For Students and Practitioners. Ninth edition. Revised by Albert Carless, M. S., F. R. C. S. 8vo. 1,420 pages, with 609 cuts of the text and 16 full page colored plates. Muslin, $6.00, net. Half morocco, $7.00, net. Wm. Wood & Co., Publishers, New York.

Since the eighth edition of this thoroughly exhaustive manual of surgery was issued three years ago, there have been some notable advances which have been entered in this present edition. These are the use of radium and salvarsan, both of which are rather in the therapeutic than surgical field, and which, if successfull, will rob sugey of some of its manual interference. When radium will cure sarcoma, there will be less suffering from repeated operations, and that it will cure sarcoma of certain varieties there can be no doubt. The volume contains many more additions and improvements, and will prove a most helpful book to all who become possessed of it. The author says in his preface: "I pray that when the tenth edition is required the sounds of war and strife which boom on the ear as these lines are penned, may long have ceased, and that a righteous peace leading to a happy competition of race with race in the effort to promote, not the destruction, but the welfare of mankind of all nationalities may have been established."

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CHICAGO, 1915.

THE MEDICAL CENTURY is glad to announce that the Board of Trustees at their annual meeting held in Marion, Ohio, on December eleventh, selected Chicago, Illinois, as the place of meeting for 1915. The time has been left to the local committee, and will be announced in the near future.

After the Trustees had sufficiently studied the relative claims of the several places which had bid for the meeting, the choice really laid between Long Beach, New York, and Chicago, Illinois. New Orleans, Louisiana, and Portland, Oregon, were speedily excluded as impracticable for 1915, and the final vote was very close, Chicago leading Long Beach by a very narrow margin.

We believe that either of these places would have been satisfactory to the membership of the Institute. Either would have quadrupled the attendance of Portland, Oregon, which some ill-advised persons assumed was chosen at a gathering of the Trustees in October, which could not be a legal meeting according to the Constitution of the Association. At any rate the possibility of Portland being chosen as a meeting place raised a storm of opposition from all over the country, and about fifty per cent. of the homœopathic physicians of Portland signed a protest to the selection of their city and sent the same to the Trustees.

Chicago will have a large meeting; is the logical and geographical homœopathic center of the United States. It is reached in a night's travel from the majority of our large metropolitan centers. Everybody will go to Chicago; those en route to the Panama Exposition will necessarily pass through the city; in fact, were one to begin to give reasons why Chicago should have been selected one would scarcely have time to finish before the meeting.

Personally, we were in favor of Long Beach for many reasons; it is a beautiful seaside resort just outside of New York. New York was entitled to the meeting, not having entertained the Institute since 1881, when it met at Brighton Beach under the presidency of Dr. John W. Dowling, and elected Dr. W. L. Breyfogle president for the ensuing year. We recall with pleasure a ride from the hospital on Ward's Island to Peck Slip, on which ride we were in company with that famous Homœopathist, Dr. Jabez P. Dake, of Nashville, Tennessee.

However, Chicago has been chosen, and we are shouting for the Lake City. The meeting will be a record-breaker of success in all fields, literary, financial and social. Chicago is a big city, big things will be done for the Institute in Chicago.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE annual meeting of the Southern Homœopathic Medical Association held in Baltimore November 10th, 11th and 12th was, perhaps, the greatest meeting ever held by this society.

Under the able presidency of Doctor H. E. Koons, seconded by the secretary, Doctor J. L. Jennings, both of Danville, Virginia, the entire meeting passed off very profitably and happily. The attendance was large and the interest sustained to the end.

There were elected to membership twenty-six new members, the largest in the history of the association.

The place of meeting selected by the incoming executive committee for 1915 was Cincinnati, Ohio.

The scientific program was an excellent one and participated in by nearly every one present. The Bureau of Ophthamlology was especially full and interesting.

The following officers were elected for the ensuing year:

President, A. L. Smethers, Anderson, S. C.

1st Vice-President, S. R. Stone, Atlanta, Ga.

2d Vice-President, J. R. McCreary, Cincinnati, Ohio.

Secretary and Treasurer, J. L. Jennings, Danville, Va.

Censors, W. A. Boies, Knoxville, Tenn.; G. W. Johnson, Danville, Va.; S. R. Geiser, Cincinnati, Ohio; Geo. S. Coon, Louisville, Ky.; H. M. Stevenson, Baltimore, Md.

The entertainment of the association by the Baltimore brethren was of the kind that has made Southern hospitality famous.

SOME NOTABLE DEATHS.

THERE have been several deaths recently among the prominent physicians of our school who deserve more than a mere passing mention. Dr. James B. Bell, of Boston, died at his home at the advanced age of seventy-six. Dr. Bell is best known to the homœopathic profession as the author of a classical work known as Bell on Diarrhœa, the first edition of which appeared in 1869, and subsequent editions have been frequently issued. It is a book that is to be found in every library of probably every homœopathic physician in the land. Dr. Bell was a thorough and staunch Homœopath of the old order, a successful practitioner, and a lovable gentleman.

Dr. Bukk G. Carleton, of New York, whose decease is chronicled in our obituary column, was well known throughout the profession as a teacher and author of several works on Diseases of the Genito-Urinary Tract. He was the leading specialist of our school and everywhere recognized as an authority in his chosen field. His loss is a great one to the profession. Our acquaintance with him dates from 1877. He was a sympathetic friend and wise counsellor.

Dr. Henry R. Stout, of Jacksonville, Florida, long known among the profession as the most prominent of our Southern practitioners, died recently. He was a practitioner of Homœopathy in all that is meant by the term; of course, most successful and enjoying a large clientele. He fought the battles of Homœopathy in his State successfully for over forty years. He was the founder of the Southern Homœopathic Association and President of the Florida State Homœopathic Board of Medical Examiners. His loss to Homœopathy in the Southland is well-night irreparable.

Another practitioner of Homœopathy who was known as a worker and student rather than a writer, died recently in his home in Toledo, Ohio. Dr. Myron H. Parmele for many years was the father of Northwestern Ohio Homœopathy. He held for a time the chair of Obstetrics and Gynæcology in the Homœopathic Medical College of Michigan State University. He was a successful practitioner, a whole-souled and genial gentleman and an enthusiastic upholder of homœopathic organizations in his home city. Toledo is hardly Toledo without Dr. Myron H. Parmele.

STILL AT IT.

WE have frequently called attention to the errors in the enumeration of homœopathic physicians in the directories, notably in Polk's and in the Directory of the American Medical Association. Both of these seem to be working toward the same end, namely, to minimize the numbers of our physicians and thus to show that the school is dying.

Polk's Directory, however, does not show the malicious falsifications that are so evident in the Directory of the A. M. A.

Let us take, as an example, the city of Boston. Polk, in the 1914 edition, gives the number of homœopathic physicians marked with the distinguishing "H" as 164. In the 1912 edition it gave 152. Thus an increase is shown of 12. However, there are practicing in the city of Boston 251 homœopathic physicians.

The Directory of the American Medical Association, true to its usual mendacity, gave in the issue of 1912 56 Homœopaths and in its edition of 1914, just issued, a total of 50 that were marked with the distinguishing "H." Of course, this Directory states that it so marks homœopathic physicians. One would be led to infer from an examination of this book that homœopathic physicians in the city of Boston were a negligible quantity and constantly decreasing.

Thus Polk's Directory discounts our actual numbers by over 35 per cent., and the American Medical Association Directory by over 80 per cent.

There is a college devoted to homœopathic medicine in the city of Boston, presumably its faculty are homœopathic physicians. The total number on this faculty is 66, which is 16 more homœopathic physicians than this Directory gives for the entire city.

Taking another example, the city of Baltimore. Here we find that there are actually 97 practicing homœopathic physicians. Polk, however, gives but 57 and the American Medical Association Directory but 49, the former discounting our numbers over 40 per cent., and the latter nearly 50 per cent. Our Baltimore physicians are loyal to our cause, for less than 4 per cent. are members of the A. M. A. and less than 3 per cent. are members of the local allopathic society. A total of seven defections out of 97 is no more than could be expected within reach of the shadow of Johns Hopkins.

It is in Michigan, however, that the American Medical Association has outdone itself in recording our numbers, and this is evidently with an intentional malice, because of the prosperous University Homœopathic College in that State. The total number of practicing homœopathic physicians in the State of Michigan with verified addresses is 596, and there are probably some 50 more from whom data cannot be obtained. The American Medical Association Directory marks but 202 with the distinguishing H, thus discounting our numbers over 65 per cent. Polk is kinder and gives 392 marked with the distinguishing H, which is almost double the number given by the Association Directory. There are, however, in Polk, a large number who did not report, which, in a measure, accounts for the shortage.

If the American Medical Association cannot get command of medical matters by fair means it does not hesitate to employ the foul methods of the irresponsible trickster.

NEWS ITEMS.

FLORIDA.

Dr. George A. Davies succeeds to the practice of the late Dr. Henry R. Stout, of Jacksonville.

ILLINOIS.

Dr. Dana F. Downing, of Boston, is taking care of the practice of Dr. S. H. Hilliard, of Warren, Illinois, during the latter's sojourn in the South for the winter months.

MARYLAND.

Dr. J. L. Fetterhoff has removed his office and residence to S. W. corner of Eutaw Place and Bloom street, Baltimore.

MASSACHUSETTS.

The Massachusetts Homœopathic Medical Society held its 74th annual meeting at the Westboro State Hospital, Westboro, October 14, 1914. Three candidates for election to membership were accepted: Harry E. Davey, M. D., of Keene, N. H.; Sanford B. Hooker, M. D., of Boston, and Alfred E. Mills, M. D., of Somerville. Dr. John L. Coffin, of Boston, chairman of the Board of Trustees of the Westboro State Hospital, made an address of welcome, and Harry O. Spalding, M. D., superintendent; M. M. Jordan, M. D., assistant superintendent, and Solomon C. Fuller, M. D., pathologist, of the hospital staff, held clinics illustrating some of the recent classification phases of Insanity, such as Dementia Præcox, Manic Depressive and Arterio-Sclerotic.

Parties were also guided by members of the staff to the Psychopathic Department, Colony groups, Chronic groups, Pathological Laboratory, Service and Administration Departments. The meeting was unusually well attended and the medical profession at large has a much clearer idea of the work, as it is carried on at the State Hospital for Insane under homœopathic management.

Dr. and Mrs. George B. Rice have moved from 247 Kent street, Brookline, to 308 Commonwealth avenue, where they have taken a spacious apartment. They spent the summer at their place, Crow Point, near Hingham, Mass.

Dr. and Mrs. Harold L. Babcock, of Dedham, are receiving congratulations on the birth of a daughter early in October.

Dr. Nelson M. Wood announces the opening of an office for general and consultation practice of internal medicine at 19 Bay State Road, Boston.

The Suffolk District (Old School) and the Boston District (Homœopathic) Medical Societies met together at the regular meeting of the Suffolk District Society, October 31. There was a paper by Dr. Thomas F. Harrington, Director of School Hygiene, Boston public schools. Among those who discussed the same were Drs. Frank C. Richardson and David W. Wells.

Dr. Arthur Hallam Ring, of Arlington Heights, has issued a booklet on "The Early Diagnosis and Treatment of Manic Depression," being a paper presented by him before the Worcester District of the Homœopathic Medical Society in November, 1913.

The first of the free public health talks by the Department of Clinical Research and Preventive Medicine of the Massachusetts Homœopathic Hospital was given November 17, 1914, by Allan J. McLaughlin, M. D., Health Commissioner of the State of Massachusetts. Among the notable guests were Mayor Curley and Governor Walsh.

Dr. Charles R. Hunt (B. U., 1887) has been honored by election to high office in the K. T. of New Bedford.

Dr. John A. Hayward (1906), of Camden, Maine, was in Boston, November 17, looking up hospital friends.

Dr. Fred. M. Sears (1901), of Dorchester, has been in New York doing post-graduate work in obstetrics.

Dr. Laurence F. Keith (1907), of Wareham, has

purchased another Ford. Dr. Charles S. Gleason has also purchased a car of the same make. Both have been reappointed school physicians for the town for another year. Dr. Gleason is also a member of the Board of Health.

Another Ford doctor is Dr. E. S. Calderwood, of Roxbury.

Dr. A. V. Pierce, of New Bedford, is school department physician in that city.

A reprint by Dr. Harold L. Babcock on "Deaf-Mutism" has been issued to the profession.

November 24 Dr. John L. Coffin speaks at the Evans Memorial on "The Obligations of Fatherhood." December 1st Dr. Hugh Cabot speaks on "The Public Press and the Prevention of Disease." December 8th Dr. Edward P. Colby speaks on "Our Children—What Shall We Do With Them?"

Dr. Lillian B. Neale Wood (1898) has removed from Dorchester to 290 Commonwealth avenue, Boston.

The Massachusetts S. and G. Society will hold its next meeting in Pilgrim Hall, 14 Beacon street, Boston, December 9. Papers will be presented as follows: "Prophylaxis in Puerperal Convulsions." S. H. Blodgett, M. D.; "Twilight Sleep," A. J. Rongy, M. D., of New York City; "Treatment of Uterine Fibroids by Means of the Roentgen Rays," W. H. Dieffenbach, of New York City, and "The War of the Nations," by Col. Elbridge J. Copp, of Nashua, N. H.

The regular monthly meeting of the Boston District Homœopathic Medical Society was held Thursday, November 5, at the Evans Memorial Building. The meeting was a surgical one, under the direction of members of the staff of the Homœopathic Hospital. Dr. W. F. Wesselhoeft discussed "Some Surgical Problems." Several cases of unusual interest were exhibited and discussed by Dr. Thomas E. Chandler and Dr. Ralph C. Wiggin. "Osteomyelitis" was the topic of a paper by Dr. J. Emmons Briggs, with an illustrative case, and one of Oesophageal Stricture. Dr. Charles T. Howard discussed "Cæsarean Section" with the report of an unusual case. A paper was read by Dr. Clarence Crane. M. D., on "When Shall We Operate Upon Cases of Salpingitis?" Discussion was opened by Dr. A. G. Howard and Dr. Herbert D. Boyd.

An interesting paper in the November "New England Medical Gazette" is an abstract from the Diary of J. Emmons Briggs, from July 29th to August 30. Dr. Briggs was in London at the time war preparations were on, and his notes are of unusual interest. An editorial, in the same number, on Federal Licensure Again hits the mark about right.

The American Association for Study and Prevention of Infant Mortality me tin Boston the middle of November and Boston certainly found out what the trouble is with her doctors, laws, etc. Dr. A. B. Emmons, 2d, of Boston, is quoted with big headlines as claiming "Boston is the dumping ground for poor doctors on account of its low standard of medical examinations, and these poor doctors cause the high infant mortality in the State." Mrs. William Lowell Putnam, director of the association, also expressed similar views. Dr. J. Whitridge Williams, President of the Association, Dean of the Johns Hopkins Medical School, claimed there were but three decently equipped maternity hospitals in the country, and said the MacLean Lying-In Hospital was not one of them. Dr. I. Emmett Holt, Director of the New York Babies' Hospital, also took a crack at Poor Massachusetts' Registration Laws, and said there were many registered doctors in Massachusetts who were nothing more than ignorant quacks. Poor old Massachusetts. Well, she will have one decently equipped maternity hospital ere long, and that will be under the Massachusetts Homœopathic Hospital. If we are not mistaken there is a mighty good one in Springfield, the Wesson Memorial. But that is homœopathic and may not have counted in the doctor's talk. And the graduates of B. U. Medical are certainly not to be classed in the list of ignorant ones registered. There is no better training given in any college in the country than the course in Obstetrics and practical work than that given at the M. H. H. O. P. D. and the Medical School.

Formal opening exercises took place this month in two Boston Charities, the Peter Bent Brigham Hospital and the Forsyth Dental Infirmary for Children, two philanthropies which have attracted a great deal of attention in this part of the country. The Brigham Hospital has 225 beds, with an endowment of $5,000,000.00 in trust. The Dental Infirmary is to furnish free treatment for children unable to pay for the work.

MICHIGAN.

Dr. R. Milton Richards has removed to his new residence and office, 2161 West Grand Boulevard.

NEW YORK.

Dr. C. Winfield Perkins has located at 268 Alexander street, Rochester, where he will devote himself exclusively to surgery and surgical diagnosis.

OHIO.

Dr. J. W. Clemmer, of Columbus, recently addressed the local Union Medical Society, of Bellefontaine.

PENNSYLVANIA.

The Philadelphia Society for Clinical Research held its regular monthly meeting at the residence of Dr. Ralph Bernstein, 37 S. Nineteenth street, on Wednesday evening, October 21st, 1914, Dr. Bernstein acting as host and who presented a rare dermatologic case known as "Granuloma Fungoides," which caused considerable discussion. The election of officers to serve for the ensuing year took place, which resulted in the following: President, Dr. Wm. M. Sylvis; Vice-President, Dr. Frank J. Frosch; Secretary, Dr. E. A. Steinhilber; Treasurer, Dr. Jos. McEldowney. The meeting was well attended and keen interest was shown by those present.

W. C. Mercer, M. D., *Secretary.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, October 17th, 1914, at 8:30 o'clock. The scientific program consisted of the following:

"Meckel's Diverticulum." Report of Three Cases. Dr. D. Roman.

"Hydatidiform Mole." Report of Two Cases. Dr. N. F. Betts.

"The Adberhalden Test for Malignancy." Dr. G. A. Hopp.

A number of interesting clinical cases were presented at this meeting, which was attended by a large number of members.

B. K. FLETCHER, M. D., *Secretary.*

The Women's Homœopathic Medical Club of Philadelphia held its regular monthly meeting at the office of Dr. Mary Branson, 1504 Locust street, on Tuesday, November 3, 1914, at 8:30 P. M. A very interesting paper was presented by Dr. Seward after which a report of summer work was read, also reports of Association meetings were given by those who attended and which proved to be most interesting. The election of officers took place at this meeting and many other important matters were transacted.

I. V. REEL, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Dr. D. B. Umstead, Tacony, on Wednesday, October 21st, 1914. Many interesting papers were read and discussed by a large number present, after which the election of officers to serve for the ensuing year took place.

J. D. BOILEAU, M. D., *Secretary.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Anna Johnston, No. 5016 Liberty avenue, on Thursday, October 22d, 1914, at 8 P. M. A program for the year's work was arranged, after which echoes from the American Institute and the State Society were read and discussed. There was a full attendance of members and the meeting proved to be a delightful one.

L. B. PIERCE, M. D., *Secretary.*

The Inter-State Federation of Homœopathic Medical Societies of New York and Pennsylvania held the eleventh annual meeting at the Hotel Casey, Scranton, Pa., on October 29, 1914. A number of prominent physicians, both from New York State and Pennsylvania, attended the meeting and made addresses at the same.

H. S. MAUSER, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Hotel Majestic," Broad and Girard avenue, on Monday, the nineteenth of October, 1914, at nine o'clock in the evening. Dr. Ralph Bernstein read a very interesting paper, entitled "Projectoscopic Skin Clinic with Lantern Demonstration of the More Common Skin Diseases (in colors), Their Diagnosis and Treatment," which proved to be a very enjoyable feature of the occasion. All members who had not already subscribed to the fund "For Free Scholarship for Hahnemann" were requested to send their donations and names to either Drs. Killian, Fisher, Sylvis or J. R. Mansfield. The censors reported favorably the names of Dr. J. Russel Bibighaus and Dr. Ernest F. Appledorn. The meeting was full of interest and was well attended.

L. W. THOMPSON, M. D., *Secretary.*

The Board of Managers of the Women's Southern Homœopathic Hospital, Philadelphia, held its annual meeting on Thursday, November 12th, 1914, at 3 P. M. A very able address was given by Mrs. E. C. Grice. The Baby Chorus of the Bethlehem Baptist church contributed music for the occasion. Many interesting topics were taken up and discussed at this meeting.

ANNIE M. MILLER, *Secretary.*

The Mercer County Homœopathic Medical Society held its regular monthly meeting at Trenton, on Thursday, October 15th, 1914, at the McKinley Memorial Hospital. Dr. Ralph Bernstein, of Philadelphia, gave a "Projectoscopic Skin Clinic," in which he showed the More Common Skin Diseases (in colors) and outlined their diagnosis and treatment, after which a hearty discussion was entered into. The meeting was attended by a large number of members.

H. L. FREIDMANN, M. D., *Secretary.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Ellen Walker, No. 17 Vine street, Sharon, Pa., on Thursday, November 5th, 1914. Dr. Julia C. Loos read an interesting paper, which was well presented and after which a hearty discussion took place. There was a full attendance of members and a delightful time was had by those present.

L. B. PIERCE, M. D., *Secretary.*

The Homœopathic Hospital of Chester County, Pa., held its annual Donation Day on Thursday, October 22d, 1914. The school children, townspeople and others responded readily to the appeal and many useful articles besides contributions were received. The hospital, which is largely patronized, is doing good work, which speaks well for its efficiency.

PERSONALS.

The class of nineteen hundred and fourteen of the J. Lewis Crozer Hospital Training School for Nurses held its Commencement Exercises on Wednesday afternoon, October 21st, 1914, at 3:30 o'clock in the Reception Hall of the J. Lewis Crozer Home for Incurables, Upland, Pa. The class consisted of the following: Miss Mary M. Henderson, Miss Rebecca C. Barrett and Miss Deborah E. Sheldrake.

The Hahnemann Hospital Training School for Nurses held its graduating exercises at Hahnemann Medical College, on Tuesday, November 10th, 1914, at 8 P. M. The class was composed of many bright women who had completed their course of training.

The Physicians Motor Club, of Philadelphia, held its Fall Smoker at the Hotel Walton, on Tuesday, November 5th, 1914, at 9 P. M. Dr. F. P. Kelly had arranged a delightful program for the occasion and a very enjoyable time was had by those present.

H. A. SUTTON, M. D., *Secretary.*

Dr. Wm. McKenzie announces the removal of his office from 313 North Sixty-third street, to 322 North Sixty-third street. Office hours, 8 to 10 A. M., 6 to 8 P. M. Sundays, 8 to 10 A. M. only.

Dr. C. A. Mentzer has succeeded to the practice of the late Dr. H. W. Webner, 1427 W. Lombard street, Baltimore, Md. Office hours, 8 to 10 A. M., 1 to 2 P. M., 6 to 8 P. M. Sundays, 8 to 10 A. M.

Dr. Clifford W. Harvey wishes to announce the opening of offices at 511 Talbot avenue, Dorchester Center, Massachusetts. Telephone connection.

Mr. William Cheyney Poor announces the marriage of his daughter, Nellie Poor Faile, to Dr. Romaine Crawford Hoffman, on Monday evening, September 14, 1914, Philadelphia. At home, 221 Essex avenue, Narberth, Pa.

Mr. Joseph Nelson White announces the marriage of his daughter, Madeleine Evans, to Dr. Roy Eugene Hoyt, on Monday, the 14th of September, 1914, at Marchmont, Winchendon Springs, Massachusetts. At home after December 1st, Chillicothe, O.

The Training School for Nurses of the Women's Southern Homœopathic Hospital, Philadelphia, Pa., held its Commencement exercises on Thursday evening, October 8th, 1914, at 8 P. M., in the parish house of St. Luke's Church, 13th street, below Spruce. Prayer was offered by Rev. D. M. Steele. Dr. Ralph Bernstein delivered the address of the evening. Presentatiin of diplomas was made by Dr. Mary Branson, after which a reception was held at the Nurses' Home, 745 S. Broad street. The graduates were as follows: Misses Marie Gilpin, Nova Scotia, Canada; Mildred B. Woolman, Philadelphia, Pa.; Mary P. Hill, Philadelphia, Pa.; Sara B. Deak, Philadelphia, Pa.; Marya Gazai, Lyon Mountain, N. Y.; Anna M. Ogden, Ercildon, Pa., and Lila C. Hinkle, Albany, N. Y.

OBITUARY.

Dr. Charles F. Barstow.

Freeport, Ill., Aug. 30, æt. 59. Hering Medical College, 1898.

Dr. Elizabeth Corwin.

Battle Creek, Mich., Aug. 18, æt. 62. New York Medical College for Women, 1886.

Dr. Joseph A. Utter.

Crawfordsville, Ind., Aug. 19, æt. 67. Pulte Medical College, 1885.

Dr. Charles N. Bolbeck.

New York City, July 29. Hahnemann Medical College, Philadelphia, 1895.

Dr. Jennie E. Smith.

Chicago, Ill., Aug. 20, æt. 79. Chicago Homœopathic Medical College, 1879.

Dr. Ezra Guyott.

Utica, N. Y., June 22, æt. 60. Hahnemann Medical College, Chicago, 1882.

Dr. Albert Southworth.

Los Angeles, Cal. Cleveland Homœopathic College, 1869.

Dr. William A. Forster.

Kansas City, Mo., Aug. 8, æt. 58. Homœopathic Medical College, St. Louis, Mo., 1888.

Dr. Joseph B. Westcott.

Newton, Ind., July 8. Chicago Homœopathic Medical College, 1890.

Dr. Francis M. Bennitt.

Springfield, Mass., July 29, æt. 57. New York Homœopathic Medical College, 1883.

Dr. William D. Bollinger.

Lancaster, Pa., July 13. Hahnemann Medical College, Phila., 1867.

Dr. H. W. Webner.

Baltimore, Md., July 14, æt. 63. Hahnemann Medical College, Phila., 1875.

Dr. Edgar W. Clark.

Neenah, Wis. Hahnemann Medical College, 1868.

Dr. Harry G. Wiest.

Schuylkill Haven, Pa., June 19, æt. 64. Hahnemann Medical College, Phila., 1878.

Dr. J. O. Emmett.

Fonthill, Ont., April 30, æt. 71. New York Homœopathic Medical College, 1865.

Dr. E. R. Tullis.

Camden, N. J., June 12, æt. 76. Hahnemann Medical College, Phila.

Dr. L. M. Godfrey.

Kentland, Ind., May 4, æt. 84. Detroit Homœopathic Medical College, 1875.

Dr. Harold H. Steere.

Chicago, Ill., July 13, æt. 40. Hering Medical College, 1903.

Dr. Daniel E. Cranz.

Akron, O., June 6, æt. 58. Hahnemann Medical College, Chicago, 1877.

Dr. James G. Schall.

Leadville, Col., June 17, æt. 38. Hahnemann Medical College, Chicago, 1900.

Dr. John N. Lucas.

Shelbyville, Ind., June 9, æt. 68. Pulte Medical College, 1873.

Dr. H. H. Pilling.

Tucson, Ariz., June 12, æt. 68. Hahnemann Medical College, Chicago, 1870.

Dr. Bukk G. Carleton.

New York, Oct. 20, æt. 57. New York Homœopathic College, 1876. Dr. Carleton was one of the best known and loved physicians of New York, and was prominent in all the medical affairs of our school of medicine.

Dr. J. S. Shoemaker.

Philadelphia, Pa., Oct. 7, æt. 51. Hahnemann Medical College, Philadelphia, 1888.

Dr. J. W. Belden.

New Orleans, La., æt. 55, died Nov. 7. Hahnemann Medical College, Philadelphia.

Dr. Andrew S. Oliver.

San Jose, Cal., Nov. 8. Hahnemann Medical College, Philadelphia, 1881.

Dr. Leonard W. Carpenter.

Trumansburg, N. Y., Nov. 8, æt. 81. Homœopathic Medical College, Cleveland, O., 1865.

Dr. E. F. Gifford.

Erie, Pa., Oct. 23, æt. 48. Cleveland Homœopathic College, 1893.

Dr. Albert E. Brandt.

Mechanicsburg, Pa., Sept. 7, æt. 78. Pulte Medical College, 1878.

Dr, A. H. Alderman.

Washington, D. C. National Homœopathic College, 1895. Sept. 13, æt. 71.

Dr. Clifton N. Infield.

Hudson Falls, New York, Sept. 16. New York Homœopathic College, 1883.

Dr. Frank S. Sovreen.

Evart, Mich., Oct. 4, æt. —. New York Homœopathic College, 1880. Dr. Sovreen practiced in Evart thirty-three years.

Dr. L. Houghton Kimball.

Roxbury, Mass., Oct. 21, æt. 61. Boston University School of Medicine, 1877.

Dr. W. S. Baker.

Newark, N. J., Oct. 26, æt. 73. New York Homœopathic College, 1863.

Dr. J. S. Short.

Abilene, Kan., Oct. 6, æt. 75. Hahnemann Medical College, Chicago, 1885.

Dr. J. M. Barton.

Worcester, Mass., Sept. 30, æt. 69. Hahnemann Medical College, Philadelphia, 1870.

Dr. Alonzo G. Cook.

Long Beach, Cal., Aug. 15, æt. 75. Hahnemann Medical College, Chicago, 1881.

Dr. L. G. Lewis.

Milwaukee, Wis., Sept. 29, æt. 27. Hahnemann Medical College, Chicago, 1910.

Dr. Henry R. Stout.

Jacksonville, Fla., Oct. 14, æt. 71. Hahnemann Medical College, Chicago, 1868.

Dr. J. B. Bell.

Boston, Mass., Sept. 27, æt. 76. Hahnemann Medical College, Philadelphia, Pa., 1869.

Dr. B. Clausen.

Binghamton, N. Y., Sept. 24, æt. 50. New York Homœopathic College, 1888.

Dr. Myron H. Parmelee.

Sept. 22, æt. 65. Hahnemann Medical College, Chicago, 1870.

Dr. F. L. Babcock.

Dedham, Mass., Oct. 26, æt. 65. Boston University School of Medicine, 1879.

Dr. H. W. Hartwell.

St. Louis, Nov. 17, æt 56. New York Homœopathic College, 1884.

Dr. H. P. Pemberton.

Long Branch, N. J., Nov. 11, æt. 65. Hahnemann, Philadelphia.

Dr. Henry C. Miller.

Wilkinsbury, Pa., Nov. 2, æt. 80. Missouri Homœopathic College, 1871.

Dr. Edward H. Flint.

Syracuse, N. Y., Oct. 30, æt. 54. Hahnemann Medical College, Chicago, 1880.

Dr. F. B. Cushing.

Lynn, Mass., Sept. 21, æt. 68. Hahnemann Medical College, Philadelphia, 1871.

Dr. H. J. Hascall.

Shrewsbury, Mass., Sept. 19. æt. 62. Boston University School of Medicine, 1879.

Dr. Charles S. Sargent.

Webster, Mass., Sept. 26, æt. 58. Boston University School of Medicine, 1879.

Dr. E. G. Allen.

Shreveport, La., æt. 58. Pulte Medical College, 1889.

Dr. C. H. Mordoff.

Genoa, Ill., Nov. 16, æt. 58. C. H. M. C., 1881.

Dr. Samuel H. Smyth.

New York, Nov. 1. New York Homœopathic Medical College 1880.